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REPORT

OF THE

SANITARY CONDITION

OF

LEICESTER,

IN 1870,

BY

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INTERMARY AND TEVER HOUSE, &c., &c.

OFFICER OF HEALTH.

LEICESTER

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TO THE

LOCAL BOARD OF HEALTH.

GENTLEMEN,

A severe epidemic of Diarrhoa and Scarlatina, and a considerable increase also of the deaths from Measles and Whooping-cough during the two last quarters of the year, will doubtless have prepared you to expect an increase in the annual mortality, as compared with the preceding year, 1869, and I regret to have to announce to you that such has been the case; the gross amount of deaths registered having amounted in 1870, to 2597, included in which, however, are 37 deaths which occurred in the Lunatic Asylum, and 21 in the Infirmary, of persons, none of whom had previously been inhabitants of the Borough. Deducting these 58 deaths therefore from the total deaths registered, the actual deaths of inhabitants of the Borough will amount to 2539: and estimating the population at the present time at 92,750, the ratio of deaths per 1000 will be 27.374: the ratio of deaths per 1000 in 1869 having been 25, 125, and in 1868, 27.855. In 1863, the year in which the previous epidemic of Scarlatina took place, the ratio of mortality per 1000 was 31.179, and as it is with this year that the mortality of 1870 should be compared, we find a considerable relative decrease in the mortality as compared with it.

Deducting now the adult deaths, 1120, from the total population, and from the total deaths, the ratio of infantile mortality under five years of age will be 15.485 per 1000; the ratio in 1869 having been 13.394; and after deducting, in like manner, the children's deaths, (under five years of age, 1419,) from the total mortality, and from the total population, the ratio of mortality for the whole population above five years of age will be 12.263, it having been 12.050 in 1869. It will be seen, therefore, from these figures that the comparative increase of the mortality of 1870, as compared with 1869, has been chiefly in children under five years of age; the increase in the deaths of the population above that age having been merely fractional.

Of the total number of deaths, 338 were unregistered, or registered by unlicensed practitioners; the proportion being nearly 1/7th of the whole, as in 1869.

BIRTH RATE.—The Birth Rate for the year 1870 was in the ratio of 40.97 per 1000 of the estimated population; the births for each quarter were as follows viz:—

> March ... 1010 | September ... 946 June ... 979 | December ... 865

making altogether, 3800 births in the year; an increase of 40 over the births in 1869, which amounted to 3760; and an excess of births over deaths (corrected) of 271.

It will be remarked that the births in the March quarter were higher than in any other of the quarters of the year;

the excess over the highest of these being 31. In 1869, the births were also higher in the March quarter than in any of the other quarters; the excess of that quarter over the highest of the others being 27.

Before entering upon the consideration of the relative mortality of the different diseases included in the class of Zymotics, many of which are contagious, it would, perhaps, be acceptable to many of my readers if I were to say a few words upon contagion, respecting which many obsolete and erroneous opinions are current. One of the most prevalent fallacies on the subject is, that disease may originate in a simple and non-contagious form, and that in its progress it may change its original character and develope contagious properties. How often, for example, do we hear it said, that such a one caught a very bad cold, which passed into Typhoid Fever, and proved fatal, The progress of modern research and observation has, however, established the fact, hinted at by Sydenham, that contagious diseases are as distinct from each other as the various species of animals. Troupeau says, "Do what you will, you can never succeed in transforming Roseola into Measles; Chicken Pox into Small Pox; or simple Catarrhal Bronchitis into Whooping Cough. All these diseases have their absolute and invariable specific character." Speaking of Enteric Fever,) the principal form of Fever prevalent in Leicester,) Dr. Murchison says, it does not become engrafted upon a remittent or gastric Catarrh; nor does it in its course pass into Typhus or any other malady, from first to last; the symptoms are due to the disturbance set up in the system by a specific poison."

What then is this poison that produces such results? Is it elaborated from changes taking place in the blood of the

individual; or is it a foreign body introduced into the system from without, by inhalation from the air, or by being taken into the stomach with the food or drink? The recent researches of Professor Chauveau, in France, confirmed and extended by Dr. Burdon Sanderson, in this country, render it probable (quoting his own words) that contagium particles are "spheroidal, transparent, of gelatinous consistence, of density, nearly equal to that of the animal liquids in which they float; and that they are mainly, but perhaps not exclusively, composed of albuminous matter. With reference to their mode of action, it is probable that they are organized beings, and that their powers of producing disease are due to their organic development." And I have accepted this doctrine as the only one which affords a satisfactory explanation of the facts of infection, and in particular of those which tend to show, that within the body of the infected individual the particles of contagium rapidly reproduce themselves; while, out of the body, they are capable of resisting, for very long periods, the influence of conditions, which if not restrained by organic action would produce chemical decomposition.

The rapidity and extent to which these contagious germs develope themselves in the body is graphically described by Professor Huxley, in his admirable address at the Meeting of the British Medical Association. He says, "a minute cut is made in the skin, and an infinitesimal quantity of vaccine matter is inserted into the wound. Within a certain time, a vesicle appears in the place of the wound, and the fluid which distends this vesicle is vaccine matter, in quantity a hundred or a thousand fold that which was originally inserted.

Now what has taken place in the course of this operation? Has the vaccine matter, by its irritative property, produced a mere blister, the fluid of which has the same irritative property? or does the vaccine matter contain living particles which have grown and multiplied where they have been planted? This question has been answered by the experiments of Professor Chauveau and Dr. Sanderson, to which I alluded above, who have succeeded in isolating and separating from vaccine lymph its contagious particles, the size of which does not exceed the 1,20000 of an inch in diameter, and which are made visible by the microscope.

How indestructible certain contagious particles are, and how long they will retain their vitality under the most adverse circumstances, the following instances will show.

In 1854, the Wellington, a transport ship, set sail for the Crimea with troops; some days after, the Small Pox broke out, and the ship put back to Plymouth, where she was thoroughly cleansed in every part. Some time after, when supposed to be quite disinfected, she again sailed for the Crimea with troops. After being fifteen days at sea, Small Pox re-appeared on board; and cases also occurred among the wounded whom the Wellington brought back to England from the Black Sea.

A second time this ship was thoroughly disinfected, and it was hoped efficiently purified; but on her next voyage the disease declared itself a third time. Such examples as the above might be indefinitely multiplied. All these facts show conclusively that the air is not itself vitiated by the emanations from an individual suffering from a contagious disease, although it is the *vehicle* that conveys the poisonous germ from that person to the sound one; but as

the air is scarcely ever stagnant, but generally in rapid movement, thus eonveying away the contagious particles and dissipating them in space, it will be seen how necessary is free ventilation in the chambers of the sick, in order to prevent the accumulation of the germs in that department, and how small is the probability in the open air of their passing into the lungs of persons who pass near the house in which the patient is lying. There are also other circumstances that also diminish the probability of contagion. Some persons are insusceptible of being affected by these diseases at any period of their lives; others are so at particular times, more or less long. A distinguished physician, for many years one of the staff of the London Fever Houses, informed me that it was two years before he became affected with Typhus Fever, during which time he was daily exposed to the emanations from those who were affected with it; while, on one occasion, a medical friend of his who simply walked down the ward with him without devoting any time to the particular examination of any of the patients, had an attack of it which proved fatal.

The diseases too included in the order Miasmata, the first in the class of Zymotics, vary very much in their degree of contagiousness; perhaps the most contagious of all is Small Pox, next to which I should class Typhus Fever, (a disease which, though very prevalent in London, Dublin, Liverpool, and in almost every part of the kingdom, very rarely occurs in Leicester); then Scarlatina, Measles, and Enteric Fever, formerly ealled Typhoid, which, before the complete sewerage of the town, committed great ravages, but is now comparatively infrequent; and lastly, Asiatic Cholera.

Independently of the differences between these diseases in the degrees of their contagious properties, there is another most important distinction between them; some cannot be generated in this country, and are exclusively propagated by contagion; others can and are constantly generated afresh, and are also propagated by contagion: Typhus and Enteric Fever are the principal of these. I may say, however, that some members of the profession do not admit the distinction that I have just stated, on the ground that the exotic diseases must have had an origin at some former time from causes independent of contagion—an argument to which I fully assent; but it does not necessarily follow that such origin took place in this country, of which there is no evidence whatever. On the contrary, we have positive evidence of their having arisen originally in the East, under different circumstances of climate, soil, and vegetation, and only reached more temperate climates by contagion. I need only mention Asiatic Cholera, the first invasion of which is within the recollection and knowledge of most of us, and was traced, step by step, steadily advancing, until it arrived opposite our shores, and then broke out in one of our ports that was in constant intercourse with the foreign port where it existed. I think that it would be desirable therefore to classify contagious diseases with reference to their origin; and I would divide them into two classes,—exotic contagious diseases, or those never arising spontaneously in Europe and propagated there by contagion exclusively,—and indigenous contagious diseases, or those generated in this country, and also capable of extension by contagion. The first class would comprehend Small Pox, Measles, Scarlatina, Asiatic Cholera, and Whooping Cough; and the latter class, Typhus, Enteric Feyer, and Erysipelas.

I have not included Yellow Fever in the class of exotics, although it offers a striking example of a disease incapable of being generated here under any circumstances, and only propagated by contagion when the temperature is above 80° of Fahrenheit. Other exotics, not amenable to this law of temperature, when once introduced among us have become permanent denizens, sparks having always been preserved to keep up the flame.

We have similar evidence with respect to the Cattle Plague, which no one supposed for a moment to originate in this country, or to be propagated in any other way than by contagion, and which was stamped out by acting upon this conviction; but the thorough and expensive plan adopted would have been unjustifiable had it been considered possible that the disease could arise spontaneously in this country, of which, up to this time, we have not a single example.

As the public in general believe that the same laws are applicable to all the different zymotic diseases, and as we have seen, on the contrary, that there is the greatest diversity among them with reference to origin, degree of contagiousness, and other characteristics, the short sketch that I have just given of contagious diseases in general would, I think, be incomplete without some notice of the origin of the individual diseases themselves, and I therefore propose, before entering upon the consideration of their respective mortality in Leicester, during the past year, to preface each with a short account of its history.

With reference to Small Pox, the first on the list of zymotic diseases, there is a great difference of opinion as to the precise time of its first appearance, but most writers concur in believing that it had its origin in China at some period in the fifth century, at which time it was unknown in Arabia or Greece: all the diseases then existing being described in the work of Alexander Trallianus, Small Pox not being included in the list. A little later, about the middle of the sixth century, it was well known in Arabia and Syria; and in the year 640, the Arabians, in their invasion of Egypt, carried the disease there with them; and about the end of the ninth century it reached England; in the year 1527 it was transported to Mexico; whence it extended to the whole of the American Continent, and committed the most fearful ravages, especially among the Indians. It would occupy too much space were I to pursue this subject further, and relate the attempts to diminish its mortality by inoculation first, and subsequently by vaccination: but a document has just been issued by the Royal College of Physicians respecting the latter, that well merits the attention of the public, and with which I think it will be advantageous that they should be made acquainted.

At the present time, when Small-pox prevails extensively as an epidemic, and when much anxiety exists in the public mind respecting it, and questions have arisen as to the efficacy of Vaccination as a preventive of that formidable disease, the Royal College of Physicians have thought it their duty to call public attention to the following facts and observations:—

Nothing in the history of *Vaccination, since its first introduction, has occurred to shake the confidence that has hitherto been placed by every well informed Physician in the power of Vaccination to diminish the susceptability to small pox, and in its efficacy as a protective against the mortality and the disfigurement occasioned by that disease.

- Small-pox occasionally occurs a second time in the same individual; it is not, therefore, surprising that Small-pox does sometimes occur in those who have been Vaccinated, more especially in those in whom the operation has been imperfectly performed. These facts were admitted by Dr. Jenner himself, the discoverer of Vaccination.
- The mortality from Small-pox occurring in the Non-Vaccinated amounts to 35 per cent. of those attacked, whereas the mortality in those who, having been properly Vaccinated, subsequently take small-pox amounts to less than 1 per cent. Disfigurement, more or less serious, is in the Non-Vaccinated the rule; in the properly Vaccinated it is the exception.
- Experience has amply proved that Re-Vaccination of adults who have been Vaccinated in childhood will to a very large extent protect against an attack of Small-pox. Thus, to take one of many illustrations that might be adduced. For more than thirty years all then nurses and servants at the Small-pox Hospital, who had not previously had small-pox, have been Re-Vaccinated before entering on their duties; and not one case of Small-pox has occurred among these persons, although living in an atmosphere of concentrated infection.

The College therefore deem it right—

- 1. That all persons who have not been Vaccinated, or who have not already had Small-pox, should at once be properly Vaccinated by competent Vaccinators.
- 2. That all persons who have passed the age of puberty, and have not been Re-Vaccinated since infancy, should be Re-Vaccinated.
- 3. That all persons of whatever age, who have not sufficient and characteristic marks, and are likely, as at the present time, to be exposed to the infection of Small-pox, should be Re-Vaccinated.
- The advantages to be derived from Re-Vaccination may be best seemed both for the community and for the individual, by a systematic performance of the operation on every person upon passing the age of puberty. For the community, because a well grounded confidence would replace the present recurring panics about Small-pox; for the individual, because the operation performed as part of a system

would be done in the manner most certain to be efficient, and not, as at present too often happens, under conditions little conducive to a protective result.

The local effects produced by Re-Vaccination vary with a number of conditions. A Re-Vaccination with well chosen lymph (not taken from a Re-Vaccinated person), producing some indisputable local result, may be regarded as affording evidence of efficient protection from Small-pox. But on the other hand, where no local effect whatever is produced, the person can only be regarded as being in the same position as if the Re-Vaccination had not been performed.

The practice of repeated or periodic Re-Vaccination does not appear to be generally necessary. But in instances where a person, after Re-Vaccination, has been subjected to serious constitutional or climatic changes, and is subsequently more than ordinarily exposed to the infection of Small-pox, a further Re-Vaccination may properly be advised.

BY ORDER OF THE COLLEGE.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, February 7th, 1871.

Returning to ourselves, in Leicester, I have again the satisfaction of stating, that not a single death from Small Pox has been recorded during the last year; but you are aware that it prevails most extensively in London, Liverpool, and other large towns. We can scarcely hope, therefore, that our immunity from its presence will be of very long duration, the intercourse between these towns and Leicester being so great. But I am happy to be able to say that vaccination has been sedulously attended to; and it is scarcely necessary to impress upon parents the vital importance of continuing the good work without relaxation. It is a subject of great regret to find that there are still individuals who are blind to its necessity, and fearful of pernicious results from its adoption. I may therefore repeat that so far as my own experience goes, I can state that I never saw such effects.

MEASLES.—This disease, like Small-pox, is propagated solely by contagion, and cannot be generated afresh in this country. It originated in the East—in what precise part, or at what exact period, is not known; but, like Small-pox, was conveyed from Arabia into Egypt about the middle of the sixth century, and was brought by the Saracens into Spain at the time of their invasion of that country, in the eighth century, from whence it spread all over Europe and the New World.

It may be recollected that, in my Report last year, I mentioned that the epidemie of this disease that had prevailed in 1868 so severely, had not entirely subsided, and that there had been 43 deaths in 1869. A similar persistence has taken place in 1870, the total number of deaths having amounted to 42: viz., 11 in the March quarter, 4 in the June, 14 in the September, and 13 in the December quarters.

Scarlatina.—This disease, like Small-pox and Measles, originated in the East. It was first called Rosalia, and was by the Arabian Physicians confounded with Measles; and it was not till Ingrassias pointed out its distinctive characteristics, in 1556, that it was recognised as a different disease. Hence we have not the same evidence as to the period of its introduction into Europe that we have with reference to Small-pox and Measles; but there can be little doubt that it took place about the same period; after which, we have authentic accounts of its occurrence in France, Holland, Germany, and Italy. And no country that it has ever visited is at this day ever entirely free from its presence; smouldering for years, and then bursting forth in an epidemic form, and smiting the infantile population with cruel severity.

Mr. Simon, the Head of the Medical Department of the Privy Council, in his twelfth Report to the Lords of the Privy Council, thus describes its progress in London in 1869. He says, that the deaths weekly from Scarlatina in London, "which, for the first half of the year had averaged but about 50, began, after Midsummer, rapidly to increase; soon passed 100, were above 200 before the end of September, thence till the middle of December kept the very high average of 220, and by the end of the year had taken in London altogether as many as 5803; and in the two years, 1863—4, Scarlatina destroyed in England more than 60,000 persons."

He further says (and I shall make no apology for transcribing his remarks at length, not only on account of their importance and the high authority of the writer, but because I know that the great majority of my readers have no access to the Report itself in which they are contained):—

At the present time, with scientific knowledge limited as it is, and with our very imperfect administrative resources, anyone who is responsible for advising on the requirements of the public health must feel extreme difficulty, and indeed almost humiliation, in having to advise about Scarlatina. The disease is eminently one which we should wish to prevent; for, so far as it is unprevented, not even the best medical skill can always, or nearly always, cure it; and thus year by year it kills thousands of us in England, besides inflicting enormous suffering, not infrequently with permanent injury, on many other thousands whom it attacks but does not kill. Yet, as knowledge and administrative resources now stand, official powers of preventing this unurderous disease are, practically speaking, insignificant; and such general advice as may be given for individual preventive purposes has so little likelihood of being applied, except in select cases, that as regards the main mass of sufferers it may seem almost insincere and derisory. Scarlatina is profusely and, to a certain extent, uncontrollably contagious; uncontrollably, in so far as science cannot

yet offer against it any such personal protection as vaccination confers against Small-pox. Uncontrollably again, in so far as in order to spread it does not, like Typhoid Fever and Cholera, depend, or mainly depend, on conditions which moderate sanitary care Uncontrollably, further, in so far as its contagion is of most persistent activity, and remains in force for indefinite periods of time, in clothing, bed furniture, and other objects which give it a resting place. Of this subtle and destructive contagium we know no other birth-place than the human body. We know that persons who themselves are under its influence evolve it in enormous quantities, but by what process of formation in the human body, or from what source in external nature it had its first rise, and can apparently still from time to time have new beginnings, or multiplications, is far beyond our positive knowledge. Thus, at present, we have not any other known power of dealing preventively with the disease, than such as consists in intercepting all contagions communication between the infected and the non-infected parts of the population. roughly to isolate the sick from intercourse with susceptible persons, and thoroughly to trap and exterminate all contagium which the bodies of the sick evolve, are the preventive feats which have to be accomplished. The difficulties of the task are extreme. Often they are not successfully encountered, even in wealthy and well-ordered establishments, with every material and educational advantage; and no one who is conversant with the domestic circumstances and habits of the great masses of our population, can expect that among these millions, particulary in the poorer and more crowded dwellings of the labouring classes, the spreading of Scarlatina will be very effectively resisted by such measures as alone are yet available.

It seems to me immensely important, not only with reference to Scarlatina but generally with reference to all dangerous communicable diseases, that the public should clearly understand what are, and what are not, the possibilities and the hopes of preventive medicine. These may be indicated under two heads:

In the first place, taking scientific knowledge as it now stands, Scarlatina cannot be effectually resisted, except in proportion as the public is prepared to enforce a thoroughly strict system of isolation rules against infected persons, and infected houses, and infected furniture,

and infected clothing. That such rules in their utmost strictness would be very onerous can of course not be denied; but even by measures short of extreme strictness, our present immense amount of injury might be greatly lessened, and it surely is not unreasonable to demand for human life in this respect some of the same sort of administrative efficiency as the money interests of cattle-keepers have received. If Scarlatina and the like diseases are to be stopped, first let certain local facilities, for dealing properly with dangerous infective diseases, be claimable within every health-jurisdiction of the country—facilities which are hitherto almost universally nonexistent among us—and then let the authority of every such jurisdiction be by law required to take definite precautionary means against the diffusion of such diseases. It would be needful, and for the purpose in view would require to be made a legal obligation, that every health authority of the country should have sufficient proper and permanent hospital accommodation for cases of infective disease arising within the jurisdiction, and should have all disinfectant proeesses, necessary for protection of the public health, done under direction of a skilled officer, and, as far as necessary, at a public establishment, and at the public cost, and should take the initiative in enforcing, as regards sick persons, and dead bodies, and infected things, such several rules of conduct, as universal experience dictates, to prevent the wanton spreading of disease. Doubtless such rules would interfere with certain hitherto permitted freedoms. children should, at their parents' discretion, carry infection from families into schools; that schoolmasters should, at their discretion, disperse infected children hap-hazard about the country; that householders should, at their discretion, send infected wash-things to common laundries; that lodging-house keepers should, at their discretion, conceal the infectedness of their apartments; that all sorts of persons, in all sorts of ways, should, at their discretion, endanger others;—but I appreheud that, in the present state of our knowledge, freedoms such as the above can in practice only mean an unlimited acceptance of disease; for to imagine that while such freedoms are allowed extremely contagious diseases will spontaneously cease, is an absurdity which, when the cattle plague was in question, no average cow-keeper entertained.

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Believing that the only effectual mode of combating the disease was by the isolation of those who were affected by it, I brought the matter before you, and advised that a suitable building should be procured or erected for the purpose, a proposition which you cordially and unanimously adopted, and appointed a committee to carry it into effect. I need scarcely detail the particulars of the unsuccessful result of our endeavours to induce the committee of the Infirmary to permit the erection of a temporary hospital at the extremity of their spacious grounds, or our attempt to induce the Trustees of another public Charity to permit us to make use of a suitable house belonging to the Charity, which was unoccupied and destined to be pulled down: but our application was refused on the ground, I believe, that the house being in the centre of the town, it was feared that it might prove a focus of contagion in the neighbourhood.

Understanding that I was blamed by some for making what was thought by them to be a rash and inconsiderate proposition, with reference both to the Infirmary and the Charity, I must say, in self-justification, that entertaining the opinions which I have stated at the commencement of this Report with reference to contagion, I felt no apprehension of any vitiation of the open air by the immates of the hospital; and although it was possible that it might be the vehicle of a minute germ issuing from an open window, it would be at such a height from the ground, and would be so rapidly wafted away by the wind, that the chances of its passing into the lungs of a passer by would be infinitely

slight. As it was also a matter of fact that patients suffering from the disease were lying ill in every part of the town, I felt satisfied in my own mind that the risk to the public health was immeasurably greater from leaving them in small ill-ventilated houses, the daily resort of the neighbours of all ages, than in placing them in the more spacious rooms of a hospital (no matter where it might be situated), to which no one would have access, except the attendants and medical officers, and where all means of disinfection and ventilation would be in constant use to destroy and dissipate the contagion emanating from the patients. It was on these grounds that I think myself exonerated from the charges that were made against me. As a proof how effectual isolation is in preventing the spread of infectious diseases, and how little risk there is to persons living in the neighbourhood, I may remind my readers of the two eases of Scarlatina to which Dr. Clarke refers in his Report to the Board of Guardians of the workhouse: the one, that of an apprentice boy, who on the appearance of the disease was transferred to the infectious wards of the Infirmary; and the other, that of a child in the Union Schools, who was isolated also for five weeks, and a separate nurse provided; and in neither case did the disease extend itself to others. ${
m As}$ time wore on in our ineffectual attempts to procure a lhospital, the disease gradually declined, and our requirements became less urgent; but there can, I think, be no question, that the establishment of a hospital for contagious diseases in the town or neighbourhood is of most vital importance, and I do trust, that the endeavours which are now being made to procure a permanent one may meet with the support of all classes.

Reverting now to the history of the disease as it prevailed in Leicester during the past year, 1870, I observed that an augmentation of the number of deaths first commenced in December, 1869; in which year the deaths in the quarters terminating respectively in March, June, September, and December, were as follows, 2, 1, 1, & 4; but in the March quarter of 1870, they had reached to 14; in the June quarter an inexplicable lull occurred in the progress of the disease, and the deaths fell to only 3: while in the succeeding quarter, September, they amounted to 48, and in the December quarter to 198; making a total during the year of 263. The maximum of the deaths was reached in the week terminating on the 4th November, when they amounted to 25 for that week; after which they irregularly, but gradually declined, till, in the last week of December, they only amounted to 9.

DIPTHERIA.—The deaths from this disease amount to 11. In 1869 the number was 9, and in 1868, 10. The existence of Scarlatina, which is supposed to be closely allied to Diptheria, does not appear to have had any influence in influenceasing the mortality from Diptheria.

Croup.—The deaths from Croup were 18. As compared with 16 in 1869, a slight increase.

Enteric Fever.—The deaths from Enteric Fever amount to 27; from Fever not specified, to 21; and from Typhus, to 4; in all, 52. Among these are included three patients who came from the country, and died in the Infirmary. Deducting these, the deaths will be 49. The Numbers

TABLE, No. 1.

Shewing Ages at the Time of Death, from All Causes.

	January 7. 14. 21. 28.	February 4. 11. 18. 25.	March 4. 11. 18.	25. Apri 1.	Total Quarter.	April 8. 15. 22. 29.	Ma; 6. 13. 2	0. 27. 3.	June 10. 17. 5	July 1.	Total Quarter.	July 8. 15. 22. 29	August 5. 12. 19. 2	September 2. 9. 16. 23.	Total Quarter.	October 7. 14. 21. 28.	November 4. 11. 18. 25	Dcccmber 2. 9. 16. 23. 31.	Total Quarter.	Tota Yea
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Totals 5	66 57 39 58	52 34 30 32	47 45 44 5	$1 \mid 42$	577	56 43 31 43	49 28 49	31 32	36 30 33	3 29	483	37 34 30 46	46 60 71 62	75 61 57 55 5	4 688	40 50 39 46	64 39 49 37	34 51 49 51 49	599 2	2347



in 1869 having been 57, and in 1868, 63. Considering the increase of population, it may be inferred that Fevers have decreased during the last two years.

ERYSIPELAS.—The deaths from this disease amount to 10; in 1869, to 12; and in 1868, to 13. This disease has also decreased.

Diarrhea.—The deaths amounted to 240 in 1870; in 1869 to 272, and in 1868 to 349: showing a considerable decrease. On the Hypothesis, that increased mortality from this disease, arises from insanitary causes, the reverse should have been the case, as the summer was very hot, and from the deficiency of water it was impossible to flush the sewers so completely as in former years; besides the greater tendency to decomposition which the increased heat produced. Of these 240 deaths, 220 were of children under four years of age; 16 of Persons above 60: leaving only four deaths as having occurred at the intermediate ages in a year in the whole population. In the year 1869, the deaths at the intermediate ages amounted to 5.

I shall make no comment at present on the above facts repeated thus at one particular period, year after year, and in the same form. Sub judice lis est.

Rheumatism.—The deaths from this disease are 3; the number in 1869 being 7. These numbers, I presume, refer only to deaths occurring in the acute stage of Rheumatism itself; but in very many cases it gives rise to Disease of the Heart, which terminates fatally at various subsequent periods; and these deaths are entered as disease of the heart, without reference to their origin. I should estimate

that three-fourths of Diseases of the Heart are caused by Rheumatism; hence, though the deaths from it appear very small, in its after consequences it causes a very great mortality. This disease is the last in the class of Zymotic Diseases.

DIATHETIC DISEASES.—In this order are included Dropsy and Cancer.

The deaths from Dropsy are only 11 as compared with 26 in 1869. In all probability this diminution does not really indicate a decrease in the mortality. In most cases Dropsy is not a substantive disease, but merely a result of some other *primary* disease, as an affection of the heart, lungs, kidneys, &c.; and the deaths are entered as arising from them.

These remarks do not apply to Cancer; the deaths from which amount to 34; in 1866, they were 31; 1867, 33; 1868, 30; 1869, 31. Considering the increase of the population from 1866 to 1870, this disease cannot be considered to have increased in frequency as some persons imagine that it has.

Tubercular Diseases.—This is a very important order, comprehending Phthisis, Scrofula, and two very fatal Infantile diseases, Hydrocephalus and Mesenteric diseases.

The deaths from Consumption have amounted to 255; only one more than for the previous year, which, allowing for the increase of population, is in a slightly diminished instead of increased ratio. I have appended again this year a list of the streets in which the deaths have occurred, which it will perhaps be interesting to some of my readers to compare with a similar list that I published last year.

The deaths from Mesenteric disease amount to 23; the number last year having been 16; showing an increase, which is counter-balanced by a diminution in the deaths from Hydrocephalus; which were only 18 against 29, in 1869.

In the whole order the mortality has been 317, as compared with 313 in 1869.

Diseases of the Nervous System.—The deaths from Inflammation of the Brain show a diminution over 1869 of 3; which showed a diminution over 1868 of 13. In apoplexy, also, there is a diminution of 3; the deaths amounting to 38, as compared with 41 in 1869.

Paralysis shows an increase of 2 over 1869; the numbers being 45 in 1869, and 47 in 1870.

Convulsions.—The deaths from this, which is strictly an Infantile disease, still go on increasing. The number in 1867 was 138; in 1868, 147; in 1869, 166; and in 1870, 181. This increase indicates, I fear, a still further deterioration in the stauriua and Hygiene of the Infantile part of the population: the excessive mortality of which it is that swells the general mortality of the town to its undue proportions. For all the inhabitants above five years of age, I believe Leicester to be one of the healthiest large towns in the Kingdom.

The deaths in the whole class of diseases of the Nervous System amounted, in 1870, to 349, as compared with 344 in 1869.

DISEASES OF THE HEART AND BLOODVESSELS.—The deaths in this order continue to increase; in 1869 there was an increase of 14 over 1868, and 1870 shows an increase over

1868 of 11; the numbers for these years being respectively 98, 112, 123. This increase may, I think, be accounted for on the principle that I mentioned in speaking of Rheumatism.

DISEASES OF THE LUNGS AND AIR PASSAGES.—The deaths from Bronchitis are 205; having been 166 in 1869, which was an increase of 36 over 1868.

Inflammation of the Lungs also shows an increase: the numbers having been 107 in 1868, 135 in 1869, and 139 in 1870. The deaths in the whole order amounted to 380, and in 1869 to 333.

The last two years have therefore been very prejudicial in Affections of the Chest.

DISEASES OF THE DIGESTIVE ORGANS.—The total deaths in this order are 76; in 1869 the number was 103: there is, therefore, a considerable diminution. This diminution has occurred principally in the Diseases of the Liver, which only amount to 14; the numbers in 1869 having been 35.

DISEASES OF THE URINARY ORGANS.—There is no great change to note in this order; the deaths in 1870 having been 44, and in 1869, 37; showing a slight increase, which has occurred entirely in Disease of the Kidney, there being a diminution in all the others. The Diseases of the Kidney in 1870 were 21, as compared with 11 in 1869.

PREMATURE BIRTH.—The diminution in the deaths from this cause in 1869 was 15; in 1870 it is 7; the gross number for this year being 57, and for 1869, 64.

CHILD-BIRTH.—There is an increase in deaths from this cause, of 4; the total number in 1870 being 12, and in 1869, 8.

OLD AGE.—The number of deaths amounted, in 1870, to 124. In 1869 the number was 145—a considerable decrease.

Atrophy and Debility.—The deaths have increased from 215, in 1869, to 226 in 1870. As this disease affects young children exclusively, it corroborates the remarks I made when speaking of Convulsions, that the health and stamina of the Infantile population has diminished. I am of opinion, however, that this diminution has occurred only in a particular class of the population.

ACCIDENT OR NEGLIGENCE.—The number of deaths from this cause is 38: in 1869, 30.

SUICIDE.—The deaths from this cause have, I am happy to say, diminished: the total number is 6, against 10 in 1869.

Sergeant Wright reports as follows:

Number of Notices served during the year 1870, 495.

namely:—

Defective and offensive P	rivies	and I	rivy	
Ce-spools				•
Defective Water Closets				} e.
Foul and offensive Drains				11
To provide additional Privy	accon	imodati	on	
To cleanse filthy and unwho	olesom	e Hous	es	17
To remove Swine				4
To remove accumulation of	Manui	re and	Offal	1
				40

Common Lodging-Houses.—These have frequently been visited, both by night and day, and are well conducted; there being only one person complained of for violation of the Bye-Laws during the year: he was summoned to attend the Committee of the Local Board, and by them cautioned; and he promised not to offend again.

SLAUGHTER HOUSES.—These have been periodically inspected; and the Bye-Laws, with regard to line-washing, cleansing, and the removal of offal, &c., have been strictly complied with.

SMOKE NUISANCE.—33 Stokers have been complained of during the year, for allowing black smoke to issue from their chimneys; 25 of them were summoned to attend the Committee of the Local Board, and, after hearing what they had to say in extenuation of the offence, were cautioned; and they promised to use their best endeavours not to offend again. The other eight were summoned before the Magistrates; two of whom were fined 10s. each, and the other six, 5s. each.

Dame Schools.—These have frequently been visited during the year, and found to be well conducted. No complaint whatever of violation of the Bye-Laws.

Water Supply.—The owners of 89 houses have been served with notices, requiring them to provide a proper supply of water for the use of the occupiers, which were all complied with.

Workshops Regulation Act.—Four persons only have been complained of during the year for a violation of the Act, who were summoned to attend the Committee of the Local Board, and, on being cautioned, they promised not to offend again.

Three persons have been summoned before the Magistrates for neglecting to comply with the orders of the Board, requiring them to alter Drains and Privy Cesspools. One fined 20s.; one ordered to pay the costs, 5s.; and the other case was dismissed.

J. WYATT CRANE, M.D.,

Officer of Health,

TABLE No. 2.

Showing the causes of Death of the Principal Diseases during the year 1870.

Class,—Order,	Zymotic Discuses		
I. — I.	Small Pox		0
1, 1,	Measles		42
	Searlatina	* * *	263
	Diptheria	* * *	11
	Croup	• • •	18
	Whooping Cough	* * *	56
	Enteric Fever	• • •	27
	Typhus Fever	4 8 8	4
	Fever not specified		21
	Erysipelas	• • •	10
	Metria	* * *	0
	Influenza	• • •	0
	Diarrhea	0 0 0	240
	Rheumatism	* * *	3
	Other Zymotic Diseases	* * *	1
II.	Syphilis	* * *	4
11.	Other Diseases of this Order.	• • •	0
III.	Alcoholism		1
111,	Other Diseases of this Order	* * *	0
IV.	Thrush		6
11.	Other Diseases of this Order	- 4 +	0
TT T	-	+ 1 4	11
II. — I.	Dropsy Cancer	6 6 0	34
	Mortification	1 6 6	0
	Other Discuses of this Order		ī
TT	Scrofula	8 0 0	5
II.	Tabes Mesenterica	* * *	23
	Phthisis	4 4 *	255
		* * *	18
	Hydrocephalus		16
TTT Y	Other Diseases of this Order	• • •	
III.— I.	Inflammation of Brain		21
	Spine and Membranes		38
	Apoplexy		47
	Paralysis Evilopsy	4 • •	1.4
	Epilepsy		181
	Convulsions	+ + 5	48
	Other Discuses		40

TABLE No. 1.

Shewing Ages at the Time of Death, from All Causes.

January 7. 14. 21. 28.	February 4. 11. 18. 25.	March 4. 11. 18. 25.	April Total Quarter.	April 8. 15. 22. 29.	May 6. 13. 20. 27	June . 3. 10. 17. 24.	July Total 1. Quarter.	July 8. 15 22. 29.	August Septemb 5. 12. 19. 26. 2. 9. 16. 2	r . 30. Total Quarter	October 7. 14. 21. 28.	November. 4 11 18 25	December 2. 9. 16. 23. 31.	Total Quarter.	Total Year.
2 22000022 99	$\begin{array}{c} \dots & 2 & 1 & 5 \\ \dots & 1 & \dots & 1 \\ 6 & 2 & 6 & 6 \\ 5 & 3 & 7 & 2 \\ 5 & 2 & 3 & 2 \\ 2 & 1 & 1 & 1 \\ 2 & 2 & \dots & 1 \\ \dots & 1 & 2 & \dots \\ 1 & \dots & 1 & \dots \\ 1 & 1 & \dots & \dots \\ 3 & 4 & 2 & 1 \\ 2 & 6 & 3 & 2 \\ 2 & 4 & 3 & 2 \\ 2 & 3 & 9 & 2 \\ 5 & 3 & 3 & 1 \\ 5 & 7 & 5 & 6 \\ 2 & 1 & 4 & 1 \\ \dots & \dots & 1 & \dots \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2 35 5 43 9 53 4 63 3 20 6	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	7 9 1 17 8 71 1 48 1 35 1 13 7 1 4 1 13 9 13 2 26 2 36 5 32 3 28 2 35 4 43 1 8 2	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{bmatrix} \dots & \dots & 1 & 1 & \dots & 2 & \dots & \dots \\ 1 & 2 & 1 & \dots & 2 & \dots & \dots \\ 7 & 6 & 6 & 4 & 2 & 1 & 1 \\ 14 & 16 & 25 & 26 & 10 & 13 & 14 \\ 10 & 13 & 6 & 15 & 7 & 6 & 7 \\ 5 & 7 & 7 & 5 & 10 & 7 & 5 \\ 1 & 2 & 1 & 4 & 4 & 3 & 4 \\ 1 & 1 & 3 & \dots & 2 & 2 & \dots \\ 1 & 2 & 1 & 1 & \dots & \dots & 2 \\ 3 & 2 & 1 & 1 & 1 & \dots & 3 \\ 2 & \dots & \dots & \dots & 2 & 2 & 1 \\ \dots & 2 & \dots & \dots & \dots & \dots & 1 \\ 1 & 2 & 1 & 1 & 2 & 3 & 1 \\ 2 & 3 & 3 & 3 & 3 & 2 & 1 \\ 2 & 3 & 1 & 2 & 1 & 2 & 2 \\ 3 & 1 & 2 & 5 & 4 & 2 & 2 \\ 3 & 5 & 4 & 3 & 5 & 4 & 1 \\ 5 & 3 & 4 & 4 & 2 & 4 & 2 \\ 2 & 1 & 2 & 1 & \dots & 1 & \dots \\ \dots & \dots & \dots & \dots & \dots & \dots & \dots \\ \dots & \dots &$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{bmatrix} \dots & \dots & \dots & 1 \\ \dots & \dots & 3 & 1 \\ 1 & 2 & 2 & 1 \\ 7 & 10 & 7 & 8 \\ 5 & 8 & 5 & 4 \\ 5 & 9 & 8 & 13 \\ 3 & 9 & 11 & 6 \\ 1 & 4 & 2 & 5 \\ 2 & 1 & 2 & 3 \\ 5 & 1 & 3 & 5 \\ 1 & 2 & 1 & 0 \\ \dots & \dots & 4 & 1 \\ 3 & 2 & 1 & 1 \\ 4 & 1 & 6 & 4 \\ 2 & 1 & 4 & 2 \\ 4 & 2 & 2 & 4 \\ 1 & 3 & 2 & 2 \\ 3 & 3 & 1 & 4 \\ 1 & \dots & 1 & 2 \\ \dots & \dots & \dots & \dots \\ \end{bmatrix} $	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2 3 1 1 1 1 1 2 4 3 1 1 8 9 6 4 10 2 5 7 3 4 5 7 8 5 6 7 5 6 6 3 2 2 5 7 3 6 1 4 1 9 3 4 3 4 3 2 1 2 2 2 3 2 1 1 3 1 1 3 2 2 1 4 4 5 1 2 6 4 2 5 6 1 6 5 4 4 3 1 1 1 2 4 2 5 6 4 2 5 6	11 11 21 96 63 103 77 44 33 56 18 16 31 38 29 41 42 46 16 	37 48 98 436 275 255 140 79 51 105 52 50 127 141 119 143 170 199 59 9
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TABLE No. 2—Continued.

Class.—Order.			
	Other Diseases of Brain, Spine, &c.		0
II.	Pericarditis		0
	Disease of Heart, &c.		123
III.	Laryngitis		2
	Bronehitis		$20\overline{5}$
	Plenrisy		1
	Pneumonia		139
	$\Lambda \mathrm{sthma}$		15
	Other Diseases of this Order		18
IV.	Gastritis		6
	Enteritis		$\ddot{6}$
	Peritonitis		10
	Obstruction of Bowels		7
	Other Diseases of Stomach and Bowels		25
	Jaundice		8
	Disease of Liver, &c.		14
	Other Diseases of this Order		0
V.	Nephria (Albuminuria)		14
	Diabetes		6
	Cystitis		i
	Diseases of Kidney		$2\overline{1}$
	Other Diseases of this Order		2
VI.	Diseases of Uterus, &c.		6
VII.	Diseases of Joints, &c.		1
VIII.	Skin Diseases, Ulcer, Phlegmon		3
IV. — I.	Premature Birth		57
	Teething		27
	Other Diseases of this Order		0
H.	Child Birth		12
III.	$\operatorname{Old} \operatorname{Age}$		124
IV.	Atrophy and Debility		226
	Accident or Negligence		38
	Murder and Manslaughter		0
	Suicide		6
	Cause not specified		52
	Sudden Death, cause not stated	• • •	1
	Total—all Causes		$\overline{2597}$

TABLE No. 3.

Showing Deaths from Consumption, at different Ages, in each month of the year 1870.

Totals.	55555555555555555555555555555555555555	255
Dec.	oı—⊢⊣⊣⇔ээн⊣огэго : :⊢ : :	151
Nov.	പ :പല	19
Oct.	:0100 : :-010001 :01 : :- : :	18
X. J.	— нол− ю ю ю ю н ч : н н : : :	25
Aug.	e14e1 :e :к-e1 : : : : :	2]
July	ଗଟା : :ଗ୍ଟେଟ୍ଟେଟ୍ଟେଟ୍: : : : :	65
June	or	50 67
Мау	:o+o :o : : : : :	19
Apd.	ਜ : :ਜਹਾਜ∞ਹਾਜ਼ਹਾਹਾ : : : : : : : : :	çı çı
Mar.	: : : : : : : : : : : : : : : : : : :	50
Feb.	: : : : : : : : : : : : : : : : : : :	16
Jan.	: : :a :	င္ရွိ
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Showing Deaths from Diarrhea and Dysentery, at different Ages, in each month of the year 1870.

	Jan.	Pelb.	Mar.	Apt	Мау	June	July	Aug.	X-j.	Oct.	Nov.	Dec.	Totals.
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TABLE No. 5.

Showing Deaths from Scarlatina, at different Ages, in each month of the year 1870.

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Aug.	: :400000 : : : : :	14
July	: : : eı : : : : : : :	ಣ
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Apl.		0
Mar.	: : : : : : : : : : : : : : : : : : :	4
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TABLE No. 6.

Showing Deaths from Fever, at different Ages, in each month of the year 1870.

Oct. Nov. Dec. Totals.			:: ::	::		:		-	:		•	• • • • • • • • • • • • • • • • • • • •	•		:	•	::	•		8 6 6 52
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TABLE No. 7.

Showing the Increase of Births over Deaths for the last 10 years.

Year.	Births.	Deaths,	Births over Deaths.
1861	2600	1785	815
1862	2765	1720	1045
1863	3015	2249	766
1864	3115	2113	1002
1865	3226	2035	1191
1866	3412	1945	1467
1867	3500	2119	1381
1868	3589	2507	1082
1869	3754	2347	1407
1870	3800	2597	1203

TABLE No. 8.

List of Streets in which Deaths from Diarrhæa have occurred, and numbers in each, 1870.

Abbey-gate (Woodgate) 2 Abbey-street (Belgrave-gate) 1 Albert-street (New Bridge-street (Lee-street) 1 Alfred-street (Lee-street), Alfred-terrace 2 Ashwell-street (Wellington-street) 1 Asylum-street (The Newarke) 2 Asylum-street (The Newarke) 2 Asylum-street (Hull-street) 1 Barwell-street (Hull-street) 1 Belgrave-gate, Haymarket, Courts and Yards 6 Blue Boar-lane (Bigheross-st.) 1 Bow Bridge-street (Bow-bridge) 2 Brook-street (Belgrave-gate) 1 Britannia-street (Belgrave-gate) 1 Burgess-street (Sanvey gate) 1 Burgess-street (Watrf-street) 2 Brunswick-street, Upper (Frunswick-street) 1 Burgess-street (Sanvey gate) 1 Burgess-street (Watrf-street) 2 Brunswick-street, Upper (Frunswick-street) 1 Burgess-street (Sanvey gate) 1 Burgess-street		
Abbey-gate (Woodgate) 2 Abbey-street (Belgrave-gate) 1 Albert-street (New Bridge-street (Lee-street) 1 Alfred-street (Lee-street), Alfred-terrace 2 Ashwell-street (Wellington-street) 1 Asylum-street (The Newarke) 2 Asylum, Lunatic 1 B. Bakehouse-lane (Southgate-street) 1 Belgrave-gate, Haymarket, Courts and Yards 6 Blue Boar-lane (Bigheross-st.) 1 Bow Bridge-street (Bow-bridge) 2 Bread-street (Belgrave-gate) 1 Britannia-street (Burneh-gate) 3 Birstall-street (Sanvey gate) 1 Burley's-lane (Church-gate) 3 Birstall-street (Wularf street) 2 Cardinal street (Welford road) 1 South (Sanvey-gate) 1 Clara-street (Bonner's-lane) 1 Cobden-street (Humberstone-road) 1 Conduit-street, Upper (Belgrave-gate) 1 Cumberland-street (Belgrave-gate) 1 Cumberland-street (Humberstone-road), Slater's-yard, Barrow's-yard 5 Double of the Mewarke 2 Curzon-street (Humberstone-road), Slater's-yard, Barrow's-yard 5 Double of the Mewarke 2 Candini-street (Belgrave-gate) 1 Cumberland-street (Hondon-road) 2 Constitution-hill (Northampton street) 1 Durbe-street (Belgrave-gate) 1 Cumberland-street (Belgrave-gate) 1 Cumberland-street (Double-street (Humberstone-road), Slater's-yard, Barrow's-yard 5 Double of the Mewarke 2 Cardinit-street (Humberstone-road) 2 Constitution-hill (Northampton street) 1 Cumberland-street (Belgrave-gate) 1 Cumberla	۸۱.	Church-cate, Lower and
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Carlton street (Welford road) 1 Free-lane 1		
Caroline-street (Gas-street) 1	(1) 11	Friday street
Charles street, Upper (Hum Friar's causeway 1 berstone gate) 2 Fuller street 1		
Chester street (Russell-square) 1 Flora street 1		
	Christow-street (Benford st.) 2	Freeman's Cottages 1

TABLE No. 8—Continued.

G.		Milton-street (Bedford-street	
George-street	2	Milton-street (Wharf-street	(i) #
Gladstone-street	1	N.	
Gosling-street	5	Navigation-street	3
Goswell-street	1	Navigation-street Neale-street	1
Gower-street	$\frac{2}{1}$		1
Grange-lane		Nelson-place	1
Grape-street	1	Newarke, The Noble-street	1
Gray-square	1		1 1 7 2
Grosvenor-street	1	Northgate-street Northumberland-street	5
Grove-street	1	Northumbertand-street	
Guthlaxton-street	1	Ο.	
Grosvenor-square	1	Oxford-street	1
II.	1	Olive-street	2 2
		Orehard-street	2
Hampden-street	1	P.	
Hennor-street	1	Palmerston-street	3
Higheross-street	1	Pasture-lane	ე ე
Hill-street	1	Peel-street	1
Hull-street			7
Humberstone-road	1	Piccadilly-street Pike-street	1
Hutchinson-street	1		3 2 1 1 1
J.		Pingle-street Providence-place	
Jarrom street	2	r tovidence-piace	2
Junction-road	2 2	Q.	
K.		Queen-street	2
Kate-street	9	R.	
Kent-street	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$		7
Knighton-street	1	Redeross-street	1
Tempation street	*	Redeross-street, Lewer	a a
I_4 .		Richards-street	1 27 1
Laxton-street	1	Rodney-street	1
Lee-street	-1	Royal East-street	1
Lewin-street	i	Ruding-street	
Lincoln-street	i	Rudkin-street	1 3
London-road	1	Russell-street	<i>i</i>
Lyndhurst-street	i	Rutland-square	1
		Rutland-street	2
M,		S.	
Metcalf-street	1	Sandacre-street	26
Mill-lane	1	Sanvey-gate and Courts	6

TABLE No. 8—Continued.

Short-street	1	W.
Southampton-street	1	337
St. George-street	2	Warrington-street 1
St. Margaret's-street]	Waterloo-street 2
Stanley-street	1	West Bridge-street 1
Stoughton-street	1	West-street 1
Swaff ham-street	1	Wharf-street 2
	1	Wheat-street 4
Syston-street	ŀ	Wide-yard 1
Т.		William-street 3
	,	Willow-street 4
Taylor-street	1	Wood-street 1
Thames-street, Little	2	
Thornton-lane	1	Woodboy-street 1
Trinity Hospital	1	31
· -		Υ.
U.		York-street 1
Under-hill	1	
Union Workhouse	6	Locality not specified 1
17		
V.		
Victoria-street (Lee-street)	1	Total 240
Victoria street (New Bridge-		10111 210
street)	1	Alleganing same
3 /		

TABLE No. 9. Localities of Deaths from Scarlatina, 1870.

Λ .	1	Crafton-street	2
Alice-street	1	Chester-street	1
Asylum-street	2	Colton-street	1
Ashwell-street	3	Crescent	1
Applegate-street	2 3 2 1	D.	
Albion-hill	1	Darker-street	1
Alfred-terrace	1	Dannett-street	3
\mathbf{B}_{i}	[Denmark-street	2
Bay-street	9	Denman-street	2 2 2
Bell-lane	ī	Dunn's-lane	2
Belgrave-gate and Courts	7	\mathbf{E}_{ϵ}	
Baker-street	9	Erskine-street	1
Benford-street	$\begin{bmatrix} 2 \\ 1 \\ 2 \\ 2 \\ 4 \end{bmatrix}$	\mathbf{F}_{\cdot}	
Birstall-street	1	Fleet-street	1
Pond-street	1	Friars'-causeway	
Brook-street	3	Fox-street, Upper	$\frac{2}{1}$
Bedford-street	4	Friday-street	1
Brougham-street	1	Free-lane	3
Bread-street	1	Foxon-street	1
Bow Bridge-street		Friar-lane	1
Brunswick-street	$\frac{2}{6}$	Framland-street	1
	1		1
Burgess-street	$\frac{1}{4}$	G.	
Bridge-street, New	$\frac{4}{1}$	Grange-lane	3
Burley's-lane		Glebe-street	1
Burton-street	1	Grape-street	1
Brown-street	1	Gartree-street	2
С.		Gartree-cottages	2 2 1
Carlton-street	2	Grayel-street	
Carley-street	4	Gordon-street	1
Catesby-street	1	Garton-place	1
Castle-street	1	Gower street	1
Causeway-lane	$\frac{2}{1}$	Gas-street (Barner's-yard)	1
Caroline street		Grafton-place	1
Charlotte-street	$\frac{2}{1}$	Groby-road	1
Cheapside		11.	
Chestnut-street	1	Havelock-street	4
Conduit street, Upper	6	High-street	1
Cobden-street	3	Higheross street	21 21
Charles-street and Courts	3	Holme-street, West	
Craven-place	1	Humberstone-road	1
Church-gate and Court ${f E}$	2	Harding-street	1
Curzon-street	3	Hinckley-road	1

TABLE No. 9-Continued.

J,			R.	
Jarrom-street	2			0
Joseph-street	1		Rayns-street	2
Junction-road	1		Raglan-street	1
	L		Rodney-street	7
K.			Ruding-street	1
King-street	3		Rudkin-street	1
Kent-street			Rutland-cottages	1
King Richard's-road	D		S.	
Knighton-street	1		Sarah-street	1
L.				1
Laxton-street	.)		Sanyey-gate and Courts	
	.)		Southgate-street	3
Lewin's-cottages	1		Slawson-street	1
Lee-street	1		Stanley-street	1
London-road	1		Stanley-terrace	1
Lead-street	1		Sparkeuhoe-street	2
М.			Syston-street	$\frac{2}{5}$
Mill-lane	3		St. James-place	1
Mansfield-street	1		St. Margaret's-street	j
Morlidge-street	1		_	,
Marlboro'-street	ì		T.	
Metcalf-street			Talbot-lane	1
Millstone-lane	2		Thorpe-street	1
	ے۔		Thorntou-lane	2
X.			₹.	
Navigation-street	2		Victoria-street	1
Napier-street	2 2		Vine-street	1
New Park-street	ĩ		W.	1
New-lane (Stevenson's-yard)	2		Welford-road	0
Northumberland-street	1			$\begin{bmatrix} 2 \\ 2 \\ 1 \end{bmatrix}$
New-road			Wellington-street	2
Nelson-street	2		Wigston-street	1
	2 2 2 1		Willow-street	5
Northampton-street	2		Willow Bridge-street	1
New walk			Willow-cottages	1
Newarke street	1		Wood street (Basford's-y	rard) 1 🖐
0,			Wheat street	
Oxford street and Cont	0		Wharf street	2 2
Oxford-street and Courts	3		Woodgate	1
P.		1	Woodboy street	i
Percy-street	2		*	1
Pocklington's-walk	1		Y	()
Pingle street	1		Yeoman square	2
Palmerston-street, Court M	Ì		Yeoman lane	갈
Pasture-lane	i		York square	2
Park-street	ì			
	_		Total	263
		-		

TABLE No. 10.

List of Streets in which Deaths from Consumption have occurred, and number in each.

A. Abbey-street Albion-street Alfred-place Ann-street Applegate-street Archdeacon-lane Atkin-street Auckland-terrace B. Bakehouse-lane Baker-street (Belgrave-gate) Barstou-street Barracks, The Bedford-street Belgrave-gate Belgrave-gate Belgrave-road	1 2 2 2 1 1 1 1 1 1 1 2 4 1	Chatham-street Chestnut-street Chester-street Church-gate Church-street City Wall-street Clarence-street Cobden-street Conduit-street, Upper Constitution-hill (Harrison's-yard) Corah-street Crab-street Crafton-street Crafton-street Crafton-street Curzon-street D.	1 1 2 3 1 2
			3
· · · · · · · · · · · · · · · · · · ·			2
	4		_
	l		
Belvoir-street	2	Dannett's-street	2
Benford-street	2	Deacon-street	1
Bond-street, East	2 2 2 1	Denman-street Denmark-street	20
Bond-street, West Bow-street	1	Devonshire-street	2 2 1
Brannstone-gate	2	Dover-square	ì
Burley's-yard (Britannia-st.	1	Dover-street	î
Britannia-street	1	Dunkirk-street	1
Brook-street	2	Durham-street	1
Brudenell-street	1	E.	
Brnnswick-street	1	East-street	1
Brunswick-street, Upper	2	Elbow-lane (Burgess-street)	1
Burgess-street Birstall-street	7	Elton-street (Wellington-st.)	1
(1.	,	Erskine-street (Wharf-street)	
Calais-street	1	Evington-street (Sparkenhoe-	
Catesby-street	1	street)	1
Carlton street (Welford-road	1	F.	
Caroline-street	1	Fennel-street (Bedford-street)	
Charles street	1	Fosse-road (Hinckley-road)	1
Court D (Charles-street	1	Foundry-lane (Foundry-sq.)	1

TABLE No. 10—Continued.

Free-lane (Charles-street) 1	К.
Free School-lane (Higheross-street) 1	Kent-street (Humberstone- road) 1
Friars'-road (Northgate-lane), Mitchell's-yard	Kent street, Upper 1 King-street (Welford-place) 1
Fuller-street (Pingle-street) 1	Knighton-street (Aylestone-
G.	road) 2
Gartree-street (Sparkenhoe-street) 1	Total 1 1/6
George-street (Belgrave-gate) 1 Gladstone-street (Wharf-st.) 1	Laxton-street (Grange-lane) 1 Little-lane (High-street) 1 Loseby-lane (Silver-street) 1
Goscote-street, East (Sparken- line street I	Lunatic Asylum 6
Gower-street (Belgrave-gate) 1	М.
Grafton-place (Burley's-lane) I Gray-street I Gray-street	Mansfield-street (Church-gate), Hardy's-yard 1
Grange-lane (Infirmary-sq.) 1 Green-street, Lower (Green- street) 1	Middle-street (Goswell-street)3 Mill-lane (Bonner's-lane) 2 Milton-street (Bedford-street
Grosvenor-street (Belgrave- gate) 1	and Russell-street 1 Mowbray-street (Infirmary-
Harcourt-street (Archdeacon-	square) 1 Museum-square (Princes ₅ -st.) I
tane) 1 Higheross-street (N.), High-st. 1	N.
High-street (East-gates)	Navigation-street (Belgrave- gate) 3
Holme-street, Great (Hinckley-	Nelson-square (Nelson-street) 1
road 3 Humberstone-gate (Gallowtree-	New Bridge-street (Infirmary-square) 2
gate), Court D 1	New-lune (Burley's-lane) 1
Infirmary 15	New-road (Burley's-lane) 1 Newarke street (Welford- place) 2
J. James-street (Humberstone-	Newarke, The (Oxford street) 1 Noble-street (West bridge) 2
gate) 1	Northgate-street (Northgates)1
Jewrywall-street (Holy-bones)3 Junction-road (Belgrave- gate) 1	Norton-street (York street) 1 Norfolk street (King Richard's- road) 1

TABLE No. 10—Continued.

O. Oxford-street (Southgates), Court M. 1 P. Painter-street (Belgrave-gate) 1 Palmerston-street (Willow Bridge-street) 3 Paradise-row, Mount-pleasant 1 Park-street (Wellington-st.) 2	Spittlehouse-street (Belgrave-gate) 1 St. Nicholas-street (High-cross street) 2 Stamford-street (Belvoir-st.) 1 Swan-street (Pingle-street) 1 Syston-street (Belgrave gt.) 5 T. Taylor-street (Stanley-street) 1
Pelham-street (Welford-road) 1 Providence-place (Archdeacon-	Thames-street (Archdeacon-lane)
lane) 2 Providence-place (Eaton st.) 1	U:
Q.	Union Workhouse 10
٠.٠	7.
Queen-street (Rutland-street) 1 Queen-street (Clarke's-yard) 1	Vine-street (Lower) Vine-st. 1
It.	W^{r} .
Redeross-street(Southgate-st.)1 Redeross-street, Lower (Redeross-street) 1 Regent-street (Welford-road) 3 Royal East-street(Orchard-st.)1 Russell-street (Russell-square)3 Rayns-street 1 S.	Wanlip-street (Belgrave-st.) 1 Waring-street 1 Waringtou-street (Pingle-street) 1 Watling-street (Margaret's-street) 1 Welford road (Welford-place 1 Wellington-street (Belvoir-
Samuel-street (Southampton-street) 1 Sandiacre-street (Mansfield-st.) 1 Sanvey-gate (Clurch-gate) 1 Slate-street (Conduit-street) 1 Slawson-street (Wellington-	street) West street (Braunstone-gate) 1 West-street (Belgrave gate) 1 Wheat-street (Wharf street) 1 Willow Bridge-street 6
street) 2	York-street (Granby-street) 3
Southampton-street (Rutland- street) 1 Spa-place (Humberstone rd.) 1	Total 255

TABLE No. 11.

List of Streets in which Deaths from Fever have occurred, and number in each.

Alice-street	1	L. Laxton-street	1
B. Buckingham-street Pelgrave gate	1	$\begin{array}{c} \text{M.} \\ \text{Metcalf-street} \end{array}$	1
Brannstone gate Birstall street Burley's-lane	1	N. Nicholas-street Northgate-street	1
Blake-street C.	1	Р.	•
Cardigan-street Church-gate	1	Providence-place Peel-street	$\frac{2}{1}$
Crafton-street D.	1	S. Sycamore-Iane	1
Denman-street Dryden-street	1 !	Swan-street St. George's-row	1
Dunn's-lane G.	I	Swaffam-street Stamford-street St. James'-street	1 1 1
Grange-lane Grape-street Great Holme-street	1 1 1	T. Taylor-street	
11.		The Union Workhouse	1
Higheross-street Hampden-street	1	W. Willow-street Wellington-street	1
Infirmary J.	12	Total	
Johnson-street K.	1		the trip attends
Knighton-street Kent-street, Upper	<u></u>		





